# 2005-2006 CENTENNIAL ACCORD PLANS

**November 2005**


**Office of the Secretary**

**PUBLIC HEALTH**
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Washington State Department of Health

# WASHINGTON STATE DEPARTMENT OF HEALTH 2005-2006 CENTENNIAL ACCORD PLANS

**Submitted by:**
**Mary C. Selecky**
**Secretary**

**November 10, 2005**

As mandated in the Centennial Accord, the Department of Health (DOH) is submitting its 2005-2006 Centennial Accord plan. The department proposes the following priority areas for tribal consultation and collaboration.

The Department of Health continues to work with tribal representatives and organizations to review and assess the significance of these priorities and identify other areas of mutual concern to develop an amenable Centennial Accord plan. The Department of Health continues to engage tribal representatives to review and further develop existing Centennial Accord processes.

## PROGRAMS AND PRIORITIES

### A. Enhancing Government-to-Government Relationships

The Department of Health proposes to work on development of an agency tribal consultation policy that will provide a consistent and equitable standard for working with Washington State tribes. The Department of Health will work to facilitate better understanding and respect of the rights and interest of tribal governments at all levels of the organization.

The goal is to create sustainable relationships with tribes and other tribal health care organizations to promote opportunities for partnerships in agency program areas. The Tribal Liaison will work with the Governor's Office of Indian Affairs, tribal entities, and tribal organizations to facilitate development of this policy. The rationale for this effort includes:

- The continued shrinking of federal and state discretionary dollars and the delegation of federal programs to the state and local levels has increased the importance of state and tribal collaboration to improve the health status of American Indians and Alaska Natives (AI/ANs).
- Government-to-Government relations are a fundamental principle in tribes' interactions with states. Developing and maintaining this interaction is an ongoing, two-way process.
- The intent of the Washington State Centennial Accord is to enhance and strengthen the government-to-government relationship that exists between the tribes and the state. It stresses the importance of state agencies working with tribes to develop and implement policy which affects tribal communities and Indian people.
- The New Millennium Agreement moves state/tribal relations forward by setting more specific goals for mutual commitment.
- The Centennial Accord and subsequent agency plans are developed to provide for improved service delivery and the resolution of issues of mutual concern.
- The Centennial Accord and New Millennium Agreement create an atmosphere within state health agencies in which working with tribes is expected, and considered the normal way of doing business.

Improving agency collaboration: The Department of Health (DOH), Department of Social and Health Services (DSHS), and Health Care Authority (HCA) continue collaborative efforts to ensure tribes have a more clear understanding of agency roles and services. This effort is necessary to assist tribes in addressing public health, health, and social needs in tribal communities. These efforts include:

- Continued development of agency-specific information clarifying agency roles and services.
- Continued promotion of cross-agency discussions regarding tribal issues.
- Cross-agency training & use of staff to provide overview and clarification of agency roles and services during meetings with tribal communities.
- Continued participation and presentations at tribal forums such as the American Indian Health Commission (AIHC), Northwest Portland Area Indian Health Board (NPAIHB), and Tribal Health Summit to facilitate feedback and guidance regarding additional cross-agency collaborative opportunities.
- Sharing of innovative practices and lessons learned.

The Department of Health has included specific diversity elements in its strategic plan. The department intends to enhance future tribal collaboration, improve health status, develop and retain a competent and diverse workforce, and develop and maintain high quality services and partnerships to promote the public's health and improve service delivery in tribal communities. These efforts include:

- Developing a baseline of DOH programs or activities with documented evidence of health problems that fall unduly on one or more identifiable groups.
- Increasing the number and types of interventions designed to improve equal opportunity to health within the baseline of programs or activities.
- Developing recruitment strategies to ensure a diverse workforce.

- Increasing the number of organized and systematic feedback opportunities for DOH customers and partners.
- Increasing the number of tribal partners participating in the development, evaluation, or implementation of public health programs, activities, or services (including collaborative funding allocation process implementation, etc.)
- Increasing interaction with tribes and other communities of color and organizations representing diverse groups

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**B. Program Collaboration:**

1. Improved outbreak notifications and distribution of public health information to tribal communities will help make our entire state safer and healthier. The Department of Health Division of Epidemiology, Health Statistics, and Public Health Laboratories continues to work with NPAIHB Epidemiology Center and the AIHC to enhance communications with tribal communities – particularly regarding non-infectious and communicable disease issues that may affect Indian country. These efforts include establishing and monitoring methods used for routine and urgent communications with tribal representatives. A routine and urgent method for communicating with appropriate tribal entities in Indian country is essential for distributing public health information, response planning, and health alerts/advisories. Establishment of a formal process allows "pre-emptive" notification to tribal communities when necessary. Issues may include:

- Distribution of information and updates on West Nile virus, SARS, pandemic influenza planning, etc.
- Establishment of procedures and identification of contacts for outbreak notification 24 hours a day, seven days a week.
- Exploration of opportunities for (and barriers preventing) tribal participation in "high level" (i.e., Centers for Disease Control and Prevention) communications regarding disease outbreaks or other public health issues.
- Facilitating updates from staff participating in the Council of State and Territorial Epidemiologists tribal epidemiology workgroup.
- Notifiable condition reporting, disease surveillance, outbreak investigation, and other epidemiological issues.

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Discussions are opportunities to collaboratively address issues identified and to establish sustainable processes/systems between tribal entities and the Department of Health Office of Epidemiology.

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2. Increase in public health emergency preparedness and response. Washington Tribes and the Washington State Department of Health have made significant progress in initiating a collaborative effort to prepare for and respond to disasters and other public health emergencies.

The federal Department of Health and Human Services, Health Resources and Services Administration (HRSA) authorized the use of a portion of the Washington State bioterrorism program funds for use in tribal preparedness activities. The DOH has reached out to tribal representatives and organizations to seek their input.

- The Department of Health's Public Health Emergency Preparedness and Response Program (PHEPR) has partnered with the Northwest Portland Area Indian Health Board and the American Indian Health Commission of Washington State (AIHC), to prepare Washington State tribes for infectious disease outbreaks, acts of terrorism, and other emergencies.

Tribes throughout the state have been able to engage in emergency planning activities, which have resulted in increased partnerships at the local and state levels.

- A good model of these planning partnerships exists in PHEPR Region 1, which includes Whatcom, Skagit, Snohomish, San Juan and Island counties.
- The eight tribes within Region 1, Lummi, Nooksack, Samish, Sauk-Suiattle, Stillaguamish, Swinomish, Tulalip, and Upper Skagit Tribes have formed the Northwest Tribal Emergency Management Consortium (NWTEMC). This consortium was created to support tribal partnerships and to address needs of tribes located within the region.

For the past two years, the Northwest Center for Public Health Practice (NWCPHP), NPAIHB, and DOH have partnered to hold the Tribal Emergency Preparedness Conference. This conference provides the tribes a forum for discussing specific issues around emergency preparedness that are unique to tribes.

- The conference is also an opportunity for state and local government staff to network with tribal leaders and representatives to discuss ways of improving relationships and working together on emergency preparedness activities.
- Since our first conference on September 2004, tribal participation has doubled.
- This year's conference was held in Spokane and included participation from the Makah tribe.
  - The fact that tribal representation came from as far as the Makah reservation indicates the commitment level of tribes in this state.
- During the conference, tribes recommended ways that the state and local entities can work more collaboratively with tribes.
  - Department of Health will take those important recommendations and develop a response and delivery plan to address these issues.

Additionally, as a result of continued efforts by the NPAIHB, AIHC, and DOH, the Yakama Nation has expressed an interest in this year's emergency preparedness activities. This is a welcomed addition because the Yakama Nation had not entered into contracts with DOH during the first year.

This effort between the Department of Health and the tribes is seen as a state and national model of tribal-state relationships. The experience gained is helping to improve other collaborative initiatives with tribes in our state. Because of this joint effort, Washington tribes, and the state are moving ahead in implementing their preparedness and response activities statewide.

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3. The Department of Health Tobacco Prevention and Control Program (TPCP) and the tribes are working well together. The quality of tribal work plans and timely reporting of accomplishments continues to improve. In SFY 2006, TPCP funding is contracting with 27 of 29 federally recognized tribes.

SFY 2005

- Three tribes, Puyallup, Colville, and Yakima, have prepared three year strategic plans during SFY 2005.
- Tribal tobacco prevention coordinators and tribal tobacco coordinators met and attended a variety of TPCP meetings.

  - Two tribal tobacco prevention coordinator meetings were held – one in October 2004 and one in February 2005.
    - The meetings provided opportunities for tribal coordinators to meet state TPCP staff, learn about the activities and available resources for each component of the state program, and share with their colleagues.

The TPCP contracted with the Northwest Portland Area Indian Health Board (NPAIHB) Western Tobacco Prevention Project in SFY 2005.

- The (NPAIHB) implemented the following as part of their 2005 contract:
  - A case study was produced describing the successful relationship that TPCP developed with Washington tribes. It also addressed the evolving relationships between tribes and TPCP partners and external agencies at the county level.
  - A "how to" handbook was produced that will be used to train tribal tobacco coordinators on ways to link and collaborate with existing tribal programs (e.g. Women, Infants, and Children Supplemental Food Program (WIC), Maternity Support Services (MSS), Diabetes, Substance Abuse, youth programs, etc).
  - Secondhand smoke and youth focused media materials and strategies were developed for use by Washington tribes in SFY 2006.
  - A handbook, created by the NPAIHB Western Tobacco Prevention Project ten years earlier, was updated. The handbook has information to help tribes create and implement tobacco policies. The product was introduced at the state Tobacco Prevention and Control Conference in November 2005.
- Tobacco Prevention and Control Program contracted with the Seattle Indian Health Board in SFY 2005.
  - Initial efforts involved recruiting and training a staff person, creating a community advisory committee to plan and coordinate statewide activities in urban Indian communities, and establishing a three-year strategic plan. An urban Indian coalition is forming in Spokane as a result of this contract.
- During SFY 2005, TPCP sponsored a sequence of three training events as part of a cross cultural leadership institute that was conducted for leaders in the African American, Asian-Pacific Islander, Latino, sexual minority, and urban Indian communities.
  - In January 2005, two team leaders from the Urban Indian community were trained.
  - In March, team leaders and the "fellows" (community members) they recruited attended a one-day Tobacco 101 training.
  - The two team leaders and five fellows from each of the five communities attended a four-day, cross cultural leadership institute in May 2005
- Tulalip Tribal member, Deborah Parker, along with the state TPCP and Snohomish County Health District staff, gave a presentation at the Joint Conference on Health, Center for Disease Control Program managers meeting, and the Tribal Leaders Health Summit.
  - The presentation covered strategies used by state, local, and tribal staff to build successful and collaborative relationships.
- Tribal members from the Yakima Nation and the Tulalip Tribes are serving on the TPCP's program advisory committee or Implementation Advisory Committee (IAC).

- The Tobacco Prevention and Control Program has formed Tobacco Disparities Advisory Committee (TDAC). The committee is currently recommending new three-year objectives for the program's strategic plan to identify and eliminate tobacco-related health disparities. American Indian communities are currently being served by Nancy Meyer of the Puyallup Tribe.

SFY 2006

- Minimum funding for tribes was increased from $12,000 per year to $25,000 for SFY 2006. Contracted tribes now receive between $25,000 and $72,500 per year.
- Northwest Portland Area Indian Health Board (NPAIHB), tribes and Urban Indian contractor will work with the tobacco program's media relations firm in SFY 2006 to create and implement tribal-specific paid media strategies in American Indian communities.
- In November 2005, the first of two coordinators' meetings will be held for SFY 2006. Coordinators will discuss paid media efforts DOH's tobacco program intends to pursue with tribes during SFY 2006, and will have an opportunity to network, share successes, problem-solve and identify issues they would like DOH to address.
- During the state Tobacco Prevention and Control Conference in November 2005, the NPAIBH and coordinators from selected tribes presented a workshop on tribal tobacco policy change. The tribal chairwoman of the Duwamish Tribe was invited to welcome conference attendees. Tribal dancers and drummers also performed as part of the plenary session involving Governor Gregoire and Secretary Selecky.
- The NPAIHB will work with the American Lung Association and the American Cancer Society to revise the existing Teens Against Tobacco Use (TATU) peer education and Speak Out! Youth leadership training curricula and materials so they are culturally sensitive to American Indian communities.

The Tobacco Program contract manager convenes quarterly discussion group sessions with staff from other DOH programs on working with tribes.

Through its partnership with NPAIHB, TPCP has enhanced its ability to gather input from tribes to ensure that their expectations and support of tribal programs is realistic and culturally relevant.

Together, TPCP and NPAIHB will help tribal tobacco prevention programs to become more effective through community assessments and enhanced technical assistance. Continued participation by tribes and urban Indians will guide the implementation of the new TPCP strategic plan for identifying and eliminating disparities.

Working collaboratively with community based TPCP contractors (local health departments/non-profit organizations and educational service districts/schools) tribes and Urban Indian communities can access additional resources for American Indian communities.

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4. CHILD Profile Immunization Registry – Nearly two years ago the NPAIHB and DOH extended an invitation to tribal clinics across Washington State asking them to consider participating in the CHILD Profile Immunization Registry. Since that time, many clinics have inquired about connecting to CHILD Profile.

A connection to CHILD Profile will allow tribal clinics to access immunization data about patients who may have received services from another provider. This will enable them to have more complete records. Sharing immunization data will also ensure that the child's health information continues to be updated in one central location.

- The registry is a secure and permanent record accessible only to health care providers who have registered to participate.
- The Department of Health has developed technical and procedural safeguards to ensure that information in the registry is protected against unauthorized use.
- Participation and sharing of information with CHILD Profile is allowed under Health Insurance Portability and Accountability Act (HIPAA) guidelines for participating health care providers.
- This collaborative effort will provide tribal clinics the opportunity to participate in a system that is free and easy to use.
- This Web accessible system requires no special software.
- Clinics and communities will benefit from the CHILD Profile Immunization Registry immediately because it allows clinics to:
  - print immunization records quickly for parent and school requests.
  - generate patient specific immunization recommendations easily.
  - request a current list of the more than 300 participating provider organizations.
  - produce a variety of immunization related reports, recall, vaccine accountability, and more.

Current Status:

- Sixteen tribal health centers have signed agreements allowing access to the registry.
- Most of them continue to enter data manually in both Resource Patient and Management System (RPMS) and the state immunization registry.

- Colville and Puyallup tribes agreed to participate in a pilot through Indian Health Service (IHS) to test the electronic exchange of data between RPMS and CHILD Profile.
- Phase I of the pilot has been completed and we are receiving data electronically from Colville, Puyallup and Wellpinit.
- Phase II will be to export data from the Washington State immunization registry (CHILD Profile) to RPMS. We anticipate completing this within the next several months and are working closely with counterparts in Arizona.
- Phase III will be an automatic exchange between the two registries.

Now that the first pilot phase is complete, it is possible for IHS to offer the electronic data exchange software to all tribal health settings.

The number of private medical providers participating in the registry continues to grow, especially since the advent of the newest version of the registry deployed in late spring 2004. Expanded participation in the registry means a more fully populated registry and increases the chances of additional data available that would contribute to the care of tribal clinic patients.

A list of participating providers is available from CHILD Profile.

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5. The American Indian Health Care Delivery Plan historically has received funding and staff support for development from the Department of Health. The plan provides a policy framework for progress on health status issues of American Indians and Alaska Natives in Washington.

Since 1997, tribes and the Department of Health have developed a biennial report highlighting ongoing efforts to improve the health status of Washington's American Indian and Alaska Native populations.

The current plan, available in September 2005, builds on previous work. It provides an in-depth picture of the health disparities of American Indians and Alaska Natives in Washington State. It highlights successful strategies that tribes and the state have used to address health disparities, and offers recommendations for tribal and urban health programs and state policymakers to use in this important work.

The 2007 plan will continue the work to eliminate health disparities. The American Indian Health Care Delivery Plan documents the health care needs and includes strategies to improve

the health status of the American Indians and Alaska Natives in Washington State. The Department of Health is supporting this activity.

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6. The Shellfish Program continues to partner with the Treaty Tribes on shellfish sanitation issues. Regular meetings are held between DOH and tribal shellfish liaisons.

Program staff are working with the Puyallup Tribe to open up the first commercial shellfish harvesting area between Tacoma and Seattle. Both water quality work and pollution assessments are nearly finished.

In 2004, fourteen tribes were certified and licensed by the department. Those licensed as "harvesters" were the Lower Elwha Klallam Tribe, the Muckleshoot Indian Tribe, the Nisqually Tribe, the Port Gamble S'Klallam Tribe, the Puyallup Tribe, Skokomish Tribe, the Squaxin Island Tribe, and the Tulalip Tribe. Those licensed as interstate "shellstock shippers" were the Jamestown S'Klallam Tribe, the Lummi Indian Nation, the Suquamish Tribe, the Upper Skagit Indian Tribe, and the Swinomish Tribe. The Quinault Indian Nation and the Squaxin Island Tribe have a licensed "shucker-packer" operation. Thirty-eight (38) individual tribal operations, owned and operated by tribal members, have received shellfish operation certificates of approval.

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7. Fish consumption advisories. The presence of persistent, bio-accumulative toxins (PBTs) in fish, such as mercury and polychlorinated biphenyls (PCBs), is a nationally recognized problem. PBTs have been linked to birth defects, reproductive failure, cancer, learning and behavioral problems in young children, and other health problems.

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The Department of Health assesses exposure to PBTs in fish and provides credible health information to the public on effective ways to reduce this exposure while retaining fish as part of a healthy diet. Most of the fish consumption advisories released by the DOH and local health departments are of significant interest to tribes. Tribes emphasize that such assessments must consider not only consumption advisories but also pollution reduction in order to reduce or eliminate contaminants in fish. To this end, the department has increased its collaboration with the state Department of Ecology to reduce or eliminate persistent contaminants that build up in our fish and bodies. The DOH and the Department of Ecology released an Interim Cleanup Action Plan in December 2004 for the flame retardants known as polybrominated diphenyl ethers (PBDEs). The interim plan cited rising levels of PBDEs in the environment and proposed actions to reverse this trend. The plan, slated to be finalized in December 2005, is the second of its kind. The first chemical action plan targeted mercury, another PBT of concern that is also found in fish.

The Department of Health has sought to increase collaboration with tribes to better inform and direct efforts with respect to fish consumption advisories and shellfish harvesting. Some recent activities with tribes include:

- Presentations on fish consumption advisories to the American Indian Health Commission (AIHC) and Northwest Indian Fisheries Commission (NWIFC).
- Formation of the Columbia Basin Tribal Outreach & Education Workgroup that includes members from the Confederated Tribes of the Umatilla, the Yakama Nation, the S.H.A.W.L Society, and the Oregon Health & Science University. The workgroup aims to share current knowledge about contamination in fish from the Columbia basin to better protect tribal members from increased exposure resulting from their high levels of fish consumption.
- Staff assisted the Suquamish Tribe in the development of a sampling plan to determine the suitability of commercial harvest of geoduck from tracts located adjacent to the former Eagle Harbor wood treatment facility. Sampling was conducted in May 2005.
- Staff is currently developing a geoduck sampling plan for two geoduck tracts near the Redondo wastewater treatment plant outfall. The outfall will be extended to deeper water in the future, minimizing impacts on subtidal geoduck beds. The Puyallup Tribe hopes to harvest from these tracts contingent upon water quality and geoduck chemical contamination results.

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8. Health careers are essential in addressing health disparities among American Indians. Because of this, there has been an increased focus on encouraging Native American youth to consider health careers.

Reducing health disparities in American Indians has been linked to increased numbers of American Indians participating in health careers. The department's Office of Community and Rural Health, proposes increasing these numbers by encouraging American Indian youth into health careers through participation in the Health Occupations Preparatory Experience (HOPE) project.

Increasing the number of American Indian student applicants is important in increasing the number of American Indian students that participate. Increased involvement of tribal communities and American Indian students in this program is essential.

The Health Occupations Preparatory Experience (HOPE) project provides an opportunity for high school students from rural and ethnically diverse populations to serve an internship in a health field. In 2005, 177 student applications were received, of which eight were from American Indian students. Project HOPE had fewer American Indian student applications in 2005 than in 2004. The Department of Health will continue to work with tribes and others to identify barriers, opportunities, and approaches for addressing this issue.

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9. The First Steps program, co-managed by DOH and the Department of Social and Health Services, continues to be concerned that only a few tribes have First Steps Maternity Support Services/Infant Case Management (MSS/ICM) provider agreements.

With the assistance of First Steps Tribal Liaison Keri Acker-Peltier, meetings have been held with many of the tribes to identify how First Steps could be a more tribal friendly program in the areas of staffing (requirements) and rates. Acker-Peltier works half-time on statewide First Steps activities with the tribes.

Goals and Objectives for this work include:

- Assist First Steps "state staff" in building relationships with Native American communities to promote maternal infant health.

- Improve partnerships between First Steps state staff and Native American communities to promote First Steps initiatives aimed at improving maternal infant health.
  - Collaborate with tribal communities on how to improve Native American birth outcomes.
  - Facilitate data sharing with tribes, First Steps staff and other interested parties pertaining to the health status of Native American women and children.
  - Network with state staff representing Native Americans' interests, (e.g. MAA, DOH, DSHS, and GOIA)
  - Continue to build relationships with the appropriate individuals for each of the recognized tribes in Washington State.
  - Continue with professional development through trainings and presentations related to Native Americans' health status.
  - Participate in First Steps meetings, to provide input on issues that impact Native American communities and update the state First Steps regarding activities with the tribes.
    - Attend First Steps Consultants' meeting and present a report of the month's activities and outcomes, as well as plans for the coming month, provide listing of meetings attended.
  - In cooperation with the First Steps state staff, develop and assist with a plan to address the needs of providers serving Native American clients.
    - In collaboration with state staff, evaluate current training materials and presentations to determine effectiveness and applicability to Native American MSS providers.
    - Assess future training needs using surveys and other activities as they are identified.
    - Collect and share health education materials and client interventions that are culturally appropriate.
    - Assist state staff in providing training that meets the unique needs of tribal MSS providers.
    - Provide data summaries when requested based on participant surveys.

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10. Addressing tuberculosis in native communities is a collaborative opportunity. Native people throughout the U.S. and in Washington State are disproportionately affected by tuberculosis (TB). The national rate of TB among native people in 2002 was 6.8/100,000, compared with 1.5/100,000 for non-Hispanic white individuals for that same year. Native populations are also experiencing the slowest decline in TB of any U.S. born racial or ethnic group since 1993. In Washington State, between 1999 and 2003, the TB incidence rate was 13.5/100,000 cases among natives compared to a rate of 4.3/100,000 among all persons in Washington State. In 2004 there were 13 TB cases identified as native population which represented 5 percent of the total cases reported in 2004.

Since 2002, King County has experienced an ongoing outbreak of TB among homeless persons, with almost half of the cases occurring among American Indians and Native Alaskans. In this outbreak, five native persons with TB, or 38 percent of the outbreak total in 2002, were also reported as HIV infected.

In 2004 there were eight cases in homeless native population which represented 35 percent of the homeless TB cases (n=23) in King County. Proportionally large numbers of Native American people continue to be part of the outbreak. In 2004, there are smaller overall numbers, but a majority of Native American cases continue to match the outbreak strain, just as they were in 2003.

Because of the disproportionate impact of TB on Washington State Native populations, the department has a working goal to reduce the incidence of TB among native persons in the state from 13.5/100,000 to 4.0/100,000 by the year 2009.

The department proposes enhancing collaboration with NPAIHB, AIHC, tribal health centers, local public health jurisdictions, and other interested parties to conduct the following activities to reduce the incidence of TB among native persons:

- Work with interested parties and stakeholders to develop a 2005-09 plan to reduce the incidence of TB among native persons.
- Develop TB prevention and control memoranda of agreements with all 29 federally recognized tribes.
- Ensure implementation of CDC guidelines for preventing and controlling TB.
- Enable tribal community workers to carry out TB prevention and control activities by developing a plan for TB training for tribal and urban facilities serving native persons.
- Identify the most effective methods of delivering and disseminating specific TB information to Indian Health Services (IHS), tribal, and urban health program practitioners.
- Focus on screening and treatment for latent TB infection in high risk populations and venues in the community.
- Offer more rigorous outreach follow up to complete assessments, start therapy, and ensure completion among high risk contacts and groups targeted for screening.

In 2005, the department TB Program was requested to assist the Yakama Indian Health Service (IHS) and the Yakama Indian Health Center with a contact investigation that included confirmed infectious

TB cases from 1996 to 2005. In the initial case management there was a lack of follow up with contacts to each case and this ultimately has lead to 11 cases of Tuberculosis Epi linked since 1996. The HIS Community TB liaison and DOH TB Community Outreach worker screened 19 contacts to these cases. Seven of 11 screened contacts had positive Tuberculin skin tests and five of the seven have completed treatment for latent TB infection.

This collaboration has identified some future needs for Tuberculosis Training and Education. Yakama Indian Health Service has requested Dr. Scott Lindquist, TB Medical Consultant, to provide training for the clinic physicians and staff.

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## FUNDING DISTRIBUTION

Funding distribution methods currently available for specific programs are listed below. For all other programs, funding may be available through divisional resources.

### A. Emergency Preparedness

The department makes funds available annually to all federally recognized Washington tribes to help support basic public health and clinic emergency preparedness infrastructure.
Last year, individual funding for tribes increased due to two tribes not entering into contracts with DOH. This year, tribes can expect funding levels to be consistent with amounts received in (FY03) totaling $650,000. These funds are allocated to individual tribes using a tribally recommended modified version of the Tobacco Prevention and Control Program distribution formula.

### B. Tobacco Program Collaboration

DOH makes funds available annually to all federally recognized Washington tribes to help establish and support tribal tobacco prevention programs. Currently, almost $800,000 is available annually to federally recognized tribes, up from $558,000 distributed in SFY 2004. Minimum funding increased from $12,000 to $25,000, though all tribes received increases for SFY 2005. Tribes were encouraged to access additional resources by partnering with a local, community based Tobacco Prevention and Control Program contractor. Funding is continually increasing for efforts to identify and eliminate

tobacco-related disparities, including $100,000 for the NPAIHB and more than $100,000 for the Seattle Indian Health Board.

### C. Health Careers Issues

Project Health Occupations Preparatory Experience (HOPE) has funds available for approximately 100 students. There is no American Indian student set aside, and selection criteria are applied to all students. Of the approximately 140 student applications, roughly 12 were from American Indian students.

### D. First Steps Program

Tribes can apply to be MSS/ICM agencies by requesting an application from the First Steps Liaison or Maternal and Infant Health. The application is reviewed by the DOH/DSHS First Steps team and, upon approval, forwarded to Medical Assistance Administration (MAA) provider enrollment for assignment of an MAA provider number. Approved MSS/ICM agencies can then bill on a fee-for-service basis for their services.

## DEFINITIONS

Below are detailed definitions of relevant terms as they apply to agencies and/or programs.

### A. Enhancing Government-to-Government Relations

1. The Centennial Accord Plan is the procedure by which the government-to-government policy is implemented. The document delineates specific mutual state/tribal goals for enhancing and strengthening government-to government relationship and addressing issues affecting tribal communities and Indian people.

### B. Emergency Preparedness

Public Health Emergency Preparedness and Response (PHEPR) is the preparation for and ability to respond to acts of bioterrorism, other outbreaks of infectious disease, and public health threats and emergencies.

### C. Tobacco Program Collaboration

1. Capacity building knowledge – Skills and data developed through training, technical assistance, or community assessments.

2. Infrastructure – Dedicated staff time; community leader/member involvement as advisors, volunteers, and advocates; and strategic plan and means of evaluating progress.

3. Technical assistance – One-on-one consultation that is provided via personal visit, in writing, or by phone.

4. Disparities – High rates of tobacco use or exposure to second-hand smoke resulting from race/ethnicity, age, gender, disability, sexual orientation, geography, income and education. Populations most effected include those underserved and/or targeted by the tobacco companies.

**D. CHILD Profile**

Children's Health Immunizations Linkages and Development - CHILD Profile is Washington State's health promotion and immunization registry system designed to help ensure Washington's children receive the preventive health care they need.

**E. American Indian Health Care (AIHC) Delivery Plan**

This is a biennial report highlighting ongoing efforts to improve the health status of Washington's American Indian and Alaska Native population prepared with tribes, the AIHC and the DOH.

**F. Shellfish Program**

The state Department of Health Shellfish Program works to prevent illness and death caused by eating contaminated shellfish and other foods.

**G. Fish Consumption Advisories**

1. Persistent, bioaccumulative toxins (PBTs) – These are contaminants that persist in the environment and build up in our food chain. The Department of Health is particularly concerned about the levels of PBTs found in fish and our bodies and assists the Department of Ecology in its efforts to reduce or eliminate PBTs from the environment. Some PBTs of concern to the department include methyl mercury, polychlorinated biphenyls (PCBs), dioxin, and polybrominated diphenyl ethers (PBDEs).

2. Superfund site - A hazardous waste site listed under the federal Superfund law (Comprehensive, Environmental Response, Compensation and Liability Act - CERCLA). Superfund sites undergo an investigative process that determines what actions, if any, are needed to cleanup the site and whether the site should be placed on the National Priorities List (NPL).

3. United States Environmental Protection Agency (EPA) - Established in 1970, the EPA is the lead federal agency for enforcing laws that protect the environment. The EPA formulates rules and policies to achieve compliance with these laws. It is an executive agency whose administrator is appointed by the President.

4. Contaminants - Any physical, chemical, biological, radiological substance, or matter, that has an adverse effect on air, water, or soil.

5. National Priorities List (NPL) sites are the most contaminated of the Superfund sites and are the responsibility of the U.S. EPA. There are currently 47 NPL sites in the state of Washington.

### H. Health Careers

Project Health Occupations Preparatory Experience (HOPE) is a project that provides an opportunity for high school students from rural and ethnically diverse populations to serve an internship in a health career to become more interested in pursuing a career in that health field.

### I. First Steps Program

First Steps is a program that helps low-income pregnant women get the health and social services they may need.

### J. Addressing Tuberculosis (TB) in Native Communities

The Tuberculosis (TB) Program is responsible for the prevention, control and coordination of TB within Washington State. Its mission is to help provide a healthier environment in Washington State by reducing or eliminating TB through identification of TB cases and detection and prevention of TB infection.

## CONSULTATION PROCESS/PROCEDURES

The following is a list of consultation process procedures including policy development, program development and implementation of funds distribution.

### A. Enhancing Government-to-Government Relations

During the next year, the Department of Health proposes to work with the AIHC, NPAIHB, and other interested parties to review the accord plan, build on the document, and identify other areas of mutual concern for possible inclusion.

### B. Emergency Preparedness

The department proposes to work with the AIHC, NPAIHB, and other tribal representatives to identify an agency tribal emergency preparedness liaison.

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### C. Tobacco Program Collaboration

Tobacco Prevention and Control Program (TPCP) seeks advice from the AIHC tribal tobacco prevention coordinators, and the NPAIHB to ensure proper support is provided and to continually improve its working relationship with federally recognized tribes. Topics may include funding, contract requirements, culturally appropriate prevention, cessation approaches, and materials, and community assessments.

This fiscal year tribal tobacco coordinators will meet twice to receive training and share ideas, strategies, solutions, and materials. They are also invited to participate in regional meetings with the other tobacco program contractors in their regions to develop relationships and share ideas and resources.

Tribes and urban Indians continue to be included in all strategic discussions related to disparities.

### D. CHILD Profile

CHILD Profile is working with the Colville and Puyallup tribes to pilot an electronic exchange of immunization data between the (RPMS) and the CHILD Profile Immunization Registry. Progress of the pilot has been slower than anticipated but results are expected soon. The next step will be to offer this type of electronic data exchange to other tribal health settings.

### E. American Indian Health Care Delivery Plan

The Department of Health will work with the AIHC and tribes to identify priorities and direction for the 2007 plan.

### F. Shellfish Program Update

The Shellfish Program continues to partner with the Treaty Tribes on shellfish sanitation issues. Regular meetings are held between the department and the shellfish liaisons of each tribe.

### G. Shellfish User Fees

The Department of Health is currently engaged in a consultation process with tribes licensed to harvest geoducks to develop the most equitable way to split the cost of Paralytic Shellfish Poison (PSP) testing.

### H. Fish Consumption Advisories

The Department of Health responds to both tribal and other governmental agency concerns regarding fish issues. The department collaborates with local health jurisdictions to issue fish advisories and

relies on existing risk assessment guidance to evaluate sampling data and provide recommendations regarding fish consumption.

As noted in the "Priority Issues," the department is currently collaborating with tribes to:

- conduct exposure investigation of dioxin in crab and geoduck (on fishing grounds),
- ensure tribal concerns are considered in public health assessments, and
- explain the process and findings of a health consultation related to wood-treatment contaminants.

The Department of Health also has a cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR) to address exposure to hazardous waste in the environment. The Agency for Toxic Substances Disease Registry provides an additional avenue for Washington State tribes to access the DOH concerning fish issues. Some of the sites that are involved, through the ATSDR program, include the Spokane River and Rayonier-Port Angeles sites.

The Department of Health will conduct seafood consumption surveys for tribal populations as necessary. The recent consumption survey performed by the Suquamish Tribe was funded by ATSDR through the department.

**I. Health Careers Issues**

The program contact for Project Health Occupations Preparatory Experience has principally been the school system and this may not be the most effective way to reach American Indian students. While Project HOPE wants to include more American Indian students, few have participated during its first two years of operation.

Opportunities for increasing exposure of this project will be explored with tribes, the AIHC and NPAIHB. To increase American Indian participation in Project HOPE, more direct contact with the tribes and tribal schools or youth programs may be necessary.

**J. First Steps Program**

With the assistance of the First Steps tribal liaison, meetings with many of the tribes are being held to identify how First Steps could be a more tribal friendly program in the areas of staffing (requirements) and rates.

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## K. Addressing Tuberculosis (TB) in Native Communities

The Department of Health proposes to enhance collaboration by working with NPAIHB, the AIHC, tribal health centers, local public health jurisdictions, and other interested parties to accomplish activities described to reduce the incidence of TB among native persons. This effort will include working with interested parties to develop a plan for 2005-09 to reduce the incidence of TB among native persons

## DISPUTE RESOLUTION PROCESS

The Department of Health proposes consulting with tribes to refine the following dispute resolution process for Centennial Accord issues.

The parties shall use their best good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Accord. All parties will continue without delay to carry out their respective responsibilities under this Accord while attempting to resolve the dispute under question. When a genuine dispute arises between the Department of Health and the tribes regarding the terms of this Accord or the responsibilities imposed herein which cannot be resolved at the project management level, either party may submit a request for a dispute resolution to the Office of the Secretary which shall oversee the following Dispute Resolution Process:

> The department shall appoint a representative to a dispute panel; the tribe(s) shall appoint a representative to the dispute panel; the department and tribal representatives shall mutually agree on a third person to chair the dispute panel. The dispute panel shall thereafter decide the dispute with the majority prevailing.